

Official Form 22A (Chapter 7) (10/06)

In re Laura Minnick  
Debtor(s)  
Case Number: 07-20968  
(If known)

According to the calculations required by this statement:  
☐ The presumption arises.  
☒ The presumption does not arise.  
(Check the box as directed in Parts I, III, and VI of this statement.)

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual Chapter 7 debtor, whether or not filing jointly, whose debts are primarily consumer debts. Joint debtors may complete one statement only.

### Part I. EXCLUSION FOR DISABLED VETERANS

1	<p>If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Veteran's Declaration.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
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### Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

2	<p><b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input checked="" type="checkbox"/> <b>Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.</b></p> <p>b. <input type="checkbox"/> <b>Married, not filing jointly, with declaration of separate households.</b> By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." <b>Complete only column A ("Debtor's Income") for Lines 3-11.</b></p> <p>c. <input type="checkbox"/> <b>Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b></p> <p>d. <input type="checkbox"/> <b>Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b></p>															
	<p>All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.</p>		<p><b>Column A</b> <b>Debtor's</b> <b>Income</b></p>	<p><b>Column B</b> <b>Spouse's</b> <b>Income</b></p>												
3	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>		\$ 168.33	\$												
4	<p><b>Income from the operation of a business, profession or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part V.</b></p> <table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th>Debtor</th> <th>Spouse</th> </tr> </thead> <tbody> <tr> <td>a. Gross receipts</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>b. Ordinary and necessary business expenses</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c. Business Income</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </tbody> </table>			Debtor	Spouse	a. Gross receipts	\$ 0.00	\$	b. Ordinary and necessary business expenses	\$ 0.00	\$	c. Business Income	Subtract Line b from Line a		\$ 0.00	\$
	Debtor	Spouse														
a. Gross receipts	\$ 0.00	\$														
b. Ordinary and necessary business expenses	\$ 0.00	\$														
c. Business Income	Subtract Line b from Line a															
5	<p><b>Rents and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</b></p> <table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th>Debtor</th> <th>Spouse</th> </tr> </thead> <tbody> <tr> <td>a. Gross receipts</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>b. Ordinary and necessary operating expenses</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c. Rent and other real property income</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </tbody> </table>			Debtor	Spouse	a. Gross receipts	\$ 0.00	\$	b. Ordinary and necessary operating expenses	\$ 0.00	\$	c. Rent and other real property income	Subtract Line b from Line a		\$ 0.00	\$
	Debtor	Spouse														
a. Gross receipts	\$ 0.00	\$														
b. Ordinary and necessary operating expenses	\$ 0.00	\$														
c. Rent and other real property income	Subtract Line b from Line a															
6	<b>Interest, dividends, and royalties.</b>		\$ 0.00	\$												
7	<b>Pension and retirement income.</b>		\$ 0.00	\$												
8	<p><b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child or spousal support.</b> Do not include amounts paid by the debtor's spouse if Column B is completed.</p>		\$ 0.00	\$												

9	<b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:			
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$	
			\$ 0.00	\$
10	<b>Income from all other sources.</b> If necessary, list additional sources on a separate page. <b>Do not include</b> any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. Specify source and amount.			
		Debtor	Spouse	
	a.	\$	\$	
	b.	\$	\$	
	Total and enter on Line 10		\$ 0.00	\$
11	<b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).		\$ 168.33	\$
12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.			\$ 168.33

### Part III. APPLICATION OF § 707(b)(7) EXCLUSION

13	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the number 12 and enter the result.	\$ 2,019.96
14	<b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>UT</u> b. Enter debtor's household size: <u>3</u>	\$ 54,948.00
15	<b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> <b>The amount on Line 13 is less than or equal to the amount on Line 14.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input type="checkbox"/> <b>The amount on Line 13 is more than the amount on Line 14.</b> Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

### Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)

16	Enter the amount from Line 12.	\$
17	<b>Marital adjustment.</b> If you checked the box at Line 2.c, enter the amount of the income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. If you did not check box at Line 2.c, enter zero.	\$
18	<b>Current monthly income for § 707(b)(2).</b> Subtract Line 17 from Line 16 and enter the result.	\$

### Part V. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)

#### Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

19	<b>National Standards: food, clothing, household supplies, personal care, and miscellaneous.</b> Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	\$
20A	<b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	\$

20B	<p><b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 30%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by your home, If any, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net mortgage/rental expense</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	b.	Average Monthly Payment for any debts secured by your home, If any, as stated in Line 42	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$									
b.	Average Monthly Payment for any debts secured by your home, If any, as stated in Line 42	\$									
c.	Net mortgage/rental expense	Subtract Line b from Line a.									
21	<p><b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>	\$									
22	<p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.</p> <p><input type="checkbox"/> 0   <input type="checkbox"/> 1   <input type="checkbox"/> 2 or more.</p> <p>Enter the amount from IRS Transportation Standards, Operating Costs &amp; Public Transportation Costs for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$									
23	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1   <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, First Car (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Transportation Standards, Ownership Costs, First Car</td><td style="width: 30%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs, First Car	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs, First Car	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									
24	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, Second Car (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Transportation Standards, Ownership Costs, Second Car</td><td style="width: 30%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs, Second Car	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs, Second Car	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
25	<p><b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b></p>	\$									
26	<p><b>Other Necessary Expenses: mandatory payroll deductions.</b> Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as non-mandatory 401(k) contributions.</b></p>	\$									
27	<p><b>Other Necessary Expenses: life insurance.</b> Enter average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b></p>	\$									

28	<b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to court order, such as spousal or child support payments. <b>Do not include payments on past due support obligations included in Line 44.</b>		\$												
29	<b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.		\$												
30	<b>Other Necessary Expenses: childcare.</b> Enter the average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b>		\$												
31	<b>Other Necessary Expenses: health care.</b> Enter the average monthly amount that you actually expend on health care expenses that are not reimbursed by insurance or paid by a health savings account. <b>Do not include payments for health insurance or health savings accounts listed in Line 34.</b>		\$												
32	<b>Other Necessary Expenses: telecommunication services.</b> Enter the average monthly amount that you actually pay for telecommunication services other than your basic home telephone service - such as cell phones, pagers, call waiting, caller id, special long distance, or Internet service - to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>		\$												
33	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.		\$												
<b>Subpart B: Additional Expense Deductions under § 707(b)</b>															
<b>Note: Do not include any expenses that you have listed in Lines 19-32</b>															
34	<b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List and total the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories. <table border="1" style="width: 100%;"> <tr> <td>a.</td> <td>Health Insurance</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> <tr> <td colspan="2">Total: Add Lines a, b and c</td> <td>\$</td> </tr> </table>		a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	Total: Add Lines a, b and c		\$	\$
a.	Health Insurance	\$													
b.	Disability Insurance	\$													
c.	Health Savings Account	\$													
Total: Add Lines a, b and c		\$													
35	<b>Continued contributions to the care of household or family members.</b> Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.		\$												
36	<b>Protection against family violence.</b> Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.		\$												
37	<b>Home energy costs.</b> Enter the average monthly amount, in excess of the allowance in the IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.</b>		\$												
38	<b>Education expenses for dependent children less than 18.</b> Enter the average monthly expenses that you actually incur, not to exceed \$125 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>		\$												
39	<b>Additional food and clothing expense.</b> Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.</b>		\$												
40	<b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).		\$												
41	<b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 34 through 40		\$												

<b>Subpart C: Deductions for Debt Payment</b>			
42	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment. The Average Monthly Payment is the total of all amounts contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. Mortgage debts should include payments of taxes and insurance required by the mortgage. If necessary, list additional entries on a separate page.		
	Name of Creditor	Property Securing the Debt	60-month Average Payment
	a.		\$
			Total: Add Lines
			\$
43	<b>Other payments on secured claims.</b> If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.		
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount
	a.		\$
			Total: Add Lines
			\$
44	<b>Payments on priority claims.</b> Enter the total amount of all priority claims (including priority child support and alimony claims), divided by 60.		\$
45	<b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.		
	a.	Projected average monthly Chapter 13 plan payment.	\$
	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	x
	c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b
			\$
46	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.		\$
<b>Subpart D: Total Deductions Allowed under § 707(b)(2)</b>			
47	<b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 33, 41, and 46.		\$

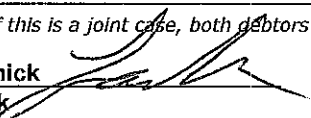
<b>Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION</b>		
48	<b>Enter the amount from Line 18 (Current monthly income for § 707(b)(2))</b>	\$
49	<b>Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))</b>	\$
50	<b>Monthly disposable income under § 707(b)(2).</b> Subtract Line 49 from Line 48 and enter the result.	\$
51	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.	\$

52	<p><b>Initial presumption determination.</b> Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> <b>The amount on Line 51 is less than \$6,000.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> <b>The amount set forth on Line 51 is more than \$10,000.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> <b>The amount on Line 51 is at least \$6,000, but not more than \$10,000.</b> Complete the remainder of Part VI (Lines 53 through 55).</p>
53	<p><b>Enter the amount of your total non-priority unsecured debt</b></p> <div style="float: right; text-align: right;">\$</div>
54	<p><b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.</p> <div style="float: right; text-align: right;">\$</div>
55	<p><b>Secondary presumption determination.</b> Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> <b>The amount on Line 51 is less than the amount on Line 54.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.</p> <p><input type="checkbox"/> <b>The amount on Line 51 is equal to or greater than the amount on Line 54.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.</p>

**Part VII. ADDITIONAL EXPENSE CLAIMS**

56	<p><b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.</p>	
	Expense Description	Monthly Amount
	a.	\$
	b.	\$
	c.	\$
	d.	\$
	Total: Add Lines a, b, c, and d	\$

**Part VIII. VERIFICATION**

57	<p>I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i></p>	
	<p>Date: <u>March 12, 2007</u></p>	<p>Signature: <u>/s/ Laura Minnick</u>  <div style="text-align: center;">   <b>Laura Minnick</b>              (Debtor)           </div> </p>

date	gross	
9/7/2006	\$0.00	Adjustment check
9/11/2006	\$143.90	
9/27/2006	\$73.08	
10/27/2006	\$506.45	
11/1/2006	\$286.52	W-2 only worked for 2 weeks
	\$1,009.95	
divide by 6	\$168.33	
		Laurie Minnick 6 months

Stephen M. Enderton, Bar # 6535  
Stephen M. Enderton Legal Services, LLC  
Attorney for the Debtor(s)  
234 East 3900 South  
Salt Lake City, UT 84107  
Phone: (801) 281-0252  
E-mail: senderton@qwest.net

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF UTAH, CENTRAL DIVISION

IN RE: Laura Minnick  
Last 4 digits of SSN:  
xxx-xx-2711;

Debtor.

Bankruptcy No. 07-20968  
Chapter 7

**PAYMENT ADVICES CERTIFICATION**

Under 11 U.S.C. § 521(a)(1)(B)(iv), I Laura Minnick hereby declare under penalty of perjury that the following statement is true and correct to the best of my knowledge, information, and belief:

I did not receive any payment advices or other evidence of payment at any time during the 60 days before the date of the filing of my bankruptcy.

That I worked for Skywest Airlines and was injured and as a result between September 1, 2007 and October 27, 2007 I only earned \$723.43. As a result of the injury I was unable to continue working. The only other employment that I had was the \$286.52 that was earned from IPAK Hospitality Inc. in late October of 2006.

DATED this 12 day of March, 2007.

  
Laura Minnick

The Debtor personally appeared before me and under oath, subscribed and sworn to before me that the above is true and correct.

Dated this 12<sup>th</sup> day of March, 2007.

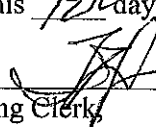


NOTARY PUBLIC  
TURIA L. ROLPH  
234 East 3900 South  
Salt Lake City, Utah 84107  
My Commission Expires  
February 26, 2009  
STATE OF UTAH

  
NOTARY PUBLIC

**CERTIFICATE OF SERVICE**

I certify a true and correct copy of this Declaration was served via ECF to the Chapter 7 / 13 Trustee (if assigned) and the US Trustee's Office on this 12<sup>th</sup> day of March, 2007

  
Mailing Clerk



SkyWest Airlines, Inc  
444 South River Road  
St. George UT 84790

Pay Group: FLIGHT  
Pay Begin Date: 10/31/2006  
Pay End Date: 10/31/2006

Business Unit: SWAIR  
Check #: 296462  
Check Date: 10/27/2006

Laurie Jean Minnick 1063 South 110 West Farmington, UT 84025  SSN: XXX-XX-2711	Employee ID:	025250	TAX DATA:		Federal	State
	Group:	IFOPRS	Marital Status:	S		S
	Location:	UT, Salt Lake City	Allowances:	8		8
	Job Title:	Flight Attendant	Addl. Amt:	0.00		0.00
	Pay Rate:	\$9.74 Hourly				

HOURS AND EARNINGS							TAXES		
Description	Rate	Hours	Current Earnings	YTD Earnings	Hours	YTD Earnings	Description	Current	YTD
Holiday Pay		0.00	0.00	0.00	8.00	77.92	Federal Income	0.00	4.60
NonTax Per Diem		0.00	0.00	0.00	0.00	2055.73	Employee Medica	7.34	143.26
Over 87 Hours		24.36	73.08	73.08	20.87	62.61	Social Security	31.40	612.56
Regular	9.74	59.50	579.53	579.53	688.69	9818.31	UT State Income	0.00	66.47
Reserve Pay		0.00	0.00	0.00	53.80	941.50	CA Disability E	0.00	40.13
Taxable PerDiem		0.00	0.00	0.00	0.00	131.13			
Uni Allowance		0.00	0.00	0.00	0.00	55.00			
User Pay		0.00	0.00	0.00	4.87	85.23			
User Pay		0.00	0.00	0.00	5.67	55.27			
Vac Pay		0.00	0.00	0.00	9.10	88.63			
Total:		35.14	506.45	506.45	791.00	13371.33	Total:	38.74	867.02

EMPLOYER PAID BENEFITS			BEFORE TAX DEDUCTIONS			AFTER TAX DEDUCTIONS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
			Delta Dental In	0.00	160.92			
			Medical Ins	0.00	1219.56			

Total:		1380.48		Total:	
TOTAL GROSS		FED TAXABLE GROSS		TOTAL TAXES	
Current:	506.45	506.45	38.74	0.00	467.71
YTD:	13371.33	9880.12	867.02	1380.48	11123.83
USER HOURS		VAC HOURS		NET PAY DISTRIBUTION	
Start Balance:	0.00	Start Balance:	-9.10	Check #	296462 467.71
+ Earned:	1.15	+ Earned:	0.00		
- Taken:	0.00	- Taken:	0.00		
End Balance:	1.15	End Balance:	-9.10	Total:	467.71

MESSAGE:

DETACH ALONG THIS PERFORATION

### Detail Payroll Register

**SkyWest Airlines, Inc.**

Select: Company is "SKYW - SkyWest Airlines, Inc." and Employee(s) is 025250

Sort Order: Department/Asci, Period Control/Asci

Pay Period Range: 20060701 - 20070309

EMPLOYEE		EARNINGS								DEDUCTIONS			TAXES		
Name	Number	Code	Pos	Hours	Payrate	Current Amt	Shift	Shift Amt	Code	Amount	Code	Amount			
Department: HF - InFlight															
Minnick, Laurie J.	025250	Pay No: 1 REG	PerControl 200607071	50.50	Pay Date 7/7/2006	9.74	Period End Date 6/30/2006	Z	Job Code 1315	DENTL 13.41 IHCUT 101.63 STOCK 10.00	USMEDIE 5.46 USSOCBE 21.36				
Check Printed: 969111		Check Amount: 0.00		Direct Deposit: 491.87		338.01		Net: 338.01		28.82					
Minnick, Laurie J.	025250	Pay No: 1 HOL REG	PerControl 200607211	8.00 42.00	Pay Date 7/21/2006	9.74 9.74	Period End Date 7/15/2006	Z	Job Code 1315	DENTL 13.41 IHCUT 101.63 STOCK 10.00	USMEDIE 5.39 USSOCBE 23.06				
Check Printed: 977309		Check Amount: 0.00		Direct Deposit: 487.00		331.51		Net: 331.51		28.45					
Minnick, Laurie J.	025250	Pay No: 1	PerControl 200608071		Pay Date 8/7/2006		Period End Date 7/31/2006		Job Code 1315						
Check Printed: Adjustment		Check Amount: 0.00		Direct Deposit: 0.00		0.00		Net: 0.00							
Minnick, Laurie J.	025250	Pay No: 2 REG	PerControl 200608221	60.50	Pay Date 8/22/2006	9.74	Period End Date 8/15/2006	Z	Job Code 1315	DENTL 40.23 IHCUT 304.89 STOCK 10.00	USMEDIE 3.54 USSOCBE 15.14				
Check Printed: 994202		Check Amount: 0.00		Direct Deposit: 589.27		215.47		Net: 215.47		18.68					
Minnick, Laurie J.	025250	Pay No: 1 REG	PerControl 200608221	50.86	Pay Date 8/4/2006	9.74	Period End Date 8/15/2006	Z	Job Code 1315	DENTL 13.41 IHCUT 101.63 STOCK 10.00	USMEDIE 5.51 USSOCBE 21.58				

**Detail Payroll Register**

Select: Company is "SkyWest Airlines, Inc." and Employee(s) is 025250  
Sort Order: Department(Asc), Period Control(Asc)  
Pay Period Range: 20060701 - 20070301

EMPLOYEE		EARNINGS										DEDUCTIONS		TAXES	
Name	Number	Code	Pss	Hours	Payrate	Current Amt	Shift	Shift Amt	Code	Amount	Code	Amount			
Department: IF - InFlight															
Continued from previous page															
Minnick, Laurie J.	025250	Pay No: 1	PerControl	200608221	Pay Date	8/4/2006	Period End Date	8/15/2006	Job Code	1315	Continued from Previous Page				
				50.86				495.38			125.04	29.89			
Check Printed: 292305		Manual	Check Amount:	341.25	Direct Deposit:	0.00	Net:	341.25							
Minnick, Laurie J.															
	025250	Pay No: 1	PerControl	200609071	Pay Date	9/7/2006	Period End Date	8/31/2006	Job Code	1315					
Check Printed: Adjustment			Check Amount:	0.00	Direct Deposit:	0.00	Net:	0.00							
Minnick, Laurie J.															
	025250	Pay No: 1	PerControl	200609221	Pay Date	9/11/2006	Period End Date	9/15/2006	Job Code	1315					
		UDP		5.67	9.74			55.27	Z	STOCK	-40.00	USMEDIE	2.39		
		VDP		9.10	9.74			88.63	Z		-48.00	USSOCIE	8.92		
				14.77				143.90				11.01			
Check Printed: 294280		Manual	Check Amount:	172.89	Direct Deposit:	0.00	Net:	172.89							
Minnick, Laurie J.															
	025250	Pay No: 1	PerControl	200609292	Pay Date	9/27/2006	Period End Date	9/29/2006	Job Code	1315					
		OVER87		24.36	3.00			73.08	Z			1.06	USMEDIE		
				24.36				73.08				4.53	USSOCIE		
				24.36				73.08				5.59			
Check Printed: 294990		Manual	Check Amount:	67.49	Direct Deposit:	0.00	Net:	67.49							
Minnick, Laurie J.															
	025250	Pay No: 1	PerControl	200610312	Pay Date	10/27/2006	Period End Date	10/31/2006	Job Code	1315					
		OVER87		-24.36	3.00			-73.08	Z			7.34	USMEDIE		
		REG		59.50	9.74			579.53	Z			31.40	USSOCIE		
				35.14				506.45				38.74			
Check Printed: 296462		Manual	Check Amount:	467.71	Direct Deposit:	0.00	Net:	467.71							

Group Summary for Department: IF - InFlight

HOL	8.00	77.92	Z	DENTL	80.46	USMEDIE	30.39
OVER87			Z	HCUT	609.78	USSOCIE	129.99

Detail Payroll Register

SkyWest Airlines, Inc.

Select Company is "SKYW - SkyWest Airlines, Inc." and Employee(s) is 025250

Sort Order: Department(Asc), Period Control(Asc)

Pay Period Range: 20060701 - 200703091

EMPLOYEE		EARNINGS						DEDUCTIONS		TAXES	
Name	Number	Code	Pas	Hours	Payrate	Current Amt	Shift	Shift Amt	Code	Amount	Amount
		REG		263.36		2,565.13	Z		STOCK		
		UDP		5.67		55.27	Z				
		VDP		9.10		88.63	Z				
Group Totals:	Number of Pays	9		286.13		2,786.95					
				Total Check Amts	1,049.34		Total DDAs:	886.99		690.24	160.38
										Total Net:	1,996.33

# **Detail Payroll Register**

Select: Company is "SkyWest Airlines, Inc." and Employee(s) is 025250  
 Sort Order: Department(Asc), Period Control(Asc)  
 Pay Period Range: 20060701 - 200703091

EMPLOYEE		EARNINGS				DEDUCTIONS		TAXES	
Name	Number	Code	Pct	Hours	Payrate	Current Amt	Shift Amt	Code	Amount

HOL				8.00		77.92	Z	DENTL	80.46
OVRR87							Z	IHCUT	609.78
REG				263.36		2,565.13	Z	STOCK	129.99
UDP				5.67		55.27	Z		
VDP				9.10		88.63	Z		

<b>Report Totals:</b>	<b>Number of Pays</b>	<b>9</b>				<b>2,786.95</b>			
				<b>286.13</b>				<b>690.24</b>	<b>160.18</b>
				<b>Total Check Amts</b>	<b>1,049.34</b>	<b>Total DBAs:</b>		<b>886.99</b>	<b>Total Net: 1,936.33</b>

<b>a</b> Control number 309		<b>b</b> Employer identification number (EIN) 87-0481466			OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code IPAK HOSPITALITY INC IGGY'S SPORTS GRILL - UNION 344 N MAIN STREET LAYTON UT 84041		<b>1</b> Wgs, tips, other compn 286.52	<b>2</b> Fed inc tax withheld	<b>3</b> Social security wages 99.41	<b>Form W-2</b> <b>Wage and Tax Statement 2006</b>  <b>Copy B To Be Filed with Employee's FEDERAL Tax Return</b> This information is being furnished to the Internal Revenue Service.	
		<b>4</b> SS tax withheld 17.76	<b>5</b> Medicare wages & tips 286.52	<b>6</b> Medicare tax withheld 4.15		
		<b>7</b> Social security tips 187.11	<b>8</b> Allocated tips	<b>9</b> Advance EIC payment		
		<b>d</b> Employee's social security number 496-94-2711				
<b>e</b> Employee's name, address, and ZIP code LAURIE MINNICK 7380 S 2172 W WEST JORDAN UT 84084		<b>10</b> Depdnt care benefits	<b>11</b> Nonqualified plans	<b>12a</b>	<b>Copy B To Be Filed with Employee's FEDERAL Tax Return</b> This information is being furnished to the Internal Revenue Service.	
		<b>13</b> Statutory employee <input type="checkbox"/>	<b>14</b> Other	<b>12b</b>		
		Retirement plan <input type="checkbox"/>		<b>12c</b>		
		Third-party sick pay <input type="checkbox"/>		<b>12d</b>		
<b>15</b> State UT	Employer's state ID number Y61535	<b>16</b> State wages, tips, etc 286.52	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality name

QBMW2B2C 10/05/06

Department of the Treasury — IRS